

For Office Use Only

- Received
- Interviewed
- Contacted
- Background
- Returning Staff Training

Years @ camp:

- 2015
- 2014
- 2013
- 2012
- 2011
- 2010
- 2009
- 2008
- 2007



Attach Driver's License Photo

Sponsored by Southwest Community Church  
July 10th-15th, 2016

# RETURNING COUNSELOR/STAFF APPLICATION

**INSTRUCTIONS:** Please Print. All information is held strictly confidential. This form must be completely filled out.

Today's Date \_\_\_/\_\_\_/\_\_\_

Adult T-Shirt Size: S M L XL 2X

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender  M  F Birthdate \_\_\_/\_\_\_/\_\_\_

Street \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best way to contact you:  Phone  Cell  Email  Facebook  Other \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  I text \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Your Occupation \_\_\_\_\_ Name of Employer \_\_\_\_\_ # of years \_\_\_\_\_

Have you been certified in the following?:  CPR  First Aid  Life Guard  Nurse  EMT

Do you have any medical conditions?  NO  YES, please describe:

Do you take any medications?  NO  YES, please list medicine, reason and any side effects:

Have you had any serious illness or injuries since last camp?  NO  Yes, please list:

Do you have any physical handicaps/conditions preventing you from performing any type of activity?

NO  Yes Please list \_\_\_\_\_

This year I would prefer my campers' age to be:  6-7 years  8-9 years  10-11 years

About you

You @ Camp

**Please use back page for additional space if necessary:**

If you were abused, neglected or abandoned as a child, how did that affect you at camp?

Please describe your spiritual growth since you've been a RFKC counselor:

How has RFKC made an impact on your life?

From your experience, what would you suggest to a new counselor coming for the first time?

Can you name a staff or counselor that was a great help to you? In what way?

How has your family responded to you being involved with RFKC?

What current ministries or activities are you involved with at your home church?

What new strengths and weaknesses have you discovered since working with abused kids?

Previous positions at RFKC: \_\_\_\_\_

**Since your original application:**

Have you ever been arrested for a criminal offense?  NO  Yes

Have you ever been convicted of or plead guilty to a crime?  NO  Yes

Have you ever been arrested for sexual misconduct?  NO  Yes

Have you ever been convicted of or plead guilty to sexual misconduct?  NO  Yes

Have you ever taken drugs other than prescription drugs?  NO  Yes

Do you currently: Use tobacco  NO  Yes use alcohol  NO  Yes Use drugs  NO  Yes

If you answered "YES" to any of the above please explain. Use the last page if necessary.

*Other than RFKC, have you worked with abused, neglected or abandoned children in the past year?*

No  Yes. In what way: \_\_\_\_\_

Please describe why you wish to return as a counselor for abused kids (use the last page if necessary):

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by **Southwest Community Church**, hereby release any individual, church, youth organization, charity, employer reference, or any other person or organization, including record custodians, both collectively and individually from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Please be advised that a criminal history check will be requested from the state(s) of **Illinois, as well as your current state of residence** as authorized by state law.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Additional narrative from Question \_\_\_\_\_ (Name which question you are responding to)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please send Application to:** Collin DePratt (Assistant Director)

**Mail to:** 2004 Harrogate Ln. Joliet, IL 60435

**Or Email to:** applications.rfkc188@gmail.com